

MSFC EDUCATIONAL PROGRAM - STUDENT WORK PERIOD REPORT
(TYPE ALL INFORMATION AND SIGN THE FORM)

☐ Cooperative Education Program
 ☐ Associate
 ☐ Baccalaureate
 ☐ Graduate
 ☐ Federal Junior Fellowship Program

TO: CD20, EMPLOYEE & ORGANIZATIONAL DEVELOPMENT DEPARTMENT (EODD), COOPERATIVE EDUCATION OFFICE	GRADE LEVEL:	MAJOR FIELD OF STUDY:
NAME:	DATE OF WORK PERIOD (FROM AND TO):	MAJOR FIELD UPON ENTRY INTO PROGRAM:
NAME OF UNIVERSITY OR COLLEGE ATTENDING:	INDICATE (1ST, 2ND, 3RD, 4TH, 5TH, ETC.) WORK PERIOD:	COLLEGE STANDING (FRESHMAN, SOPHOMORE, JUNIOR, OR SENIOR):
STUDENT'S SIGNATURE:		DATE:

☐ This work has been discussed with my immediate supervisor. NASA has my permission to disclose the information on this form to my organization or individual having a valid reason for requesting it.

STUDENT'S SUPERVISOR:	ORG. CODE:
SUPERVISOR'S SIGNATURE:	DATE:

PLEASE CHECK THE RESPONSE THAT BEST REFLECTS YOUR OPINION OF WORK ASSIGNMENT THIS TERM.
1 = STRONGLY AGREE 2 = AGREE 3 = NEITHER AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE.

	1	2	3	4	5
1. My work assignments this work period were related to my educational major and occupational interests.					
2. This assignment was interesting and provided me with progressively increased responsibility.					
3. I would recommend this work area to another co-op student.					
4. The work assignments given to me this work period were at my level of ability.					
5. My supervisor often discussed problems with me.					
6. My supervisor often discussed my progress with me.					
7. I was very well accepted by my supervisor and other employees.					
8. Overall, this was a productive work period.					
9. Describe the projects and tasks you have had during the period. (Use the reverse of this form, this section must be at least one page.) :					
10. If you think the projects or tasks you worked on were below your level of ability, please specify in what way they failed to meet your expectations:					
11. Did you participate in any training courses during this assignment? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what benefit do you feel you derived from them?					

12. Describe any particular aspect of this assignment (either positive or negative) that stand out in your mind.

13. Would you like to return to MSFC for another co-op work assignment?

☐

YES

☐

NO

If so, in what work area?

14. Is this your last co-op work assignment?

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YES

☐

NO

If so, provide projected graduation month and year:

15. Are you interested in a permanent job with MSFC after graduation?

☐

YES

☐

NO

If so, in what work area(s)?

NARRATIVE REPORT

Use this section to describe the projects and tasks you have had during this work period: